

Form CPF M 102: Campaign Finance Report

Municipal Form

Municipal Form
Office of Campaign and Political Finance OMERVILLE, MA

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|---|--|--|
| Fill in Reporting Period dates: Beginning Date: 10/19 | | |
| Type of Report: (Check one) | | |
| 8th day preceding preliminary 8th day preceding election | 30 day after election year-end report dissolution | |
| | | |
| Tony Lafuente | The Lafuente Committee | |
| Candidate Full Name (if applicable) | Committee Name | |
| Alderman, Ward 4, City of Somerville | Helena Lafuente | |
| Office Sought and District | Name of Committee Treasurer | |
| 137 Sycamore St, Somerville, MA 02145 | 137 Sycamore St, Somerville, MA 02145 | |
| Residential Address | Committee Mailing Address | |
| Telephone Number (optional): | Telephone Number (optional): | |
| SUMMARY BALANC | E INFORMATION: | |
| | | |
| Line 1: Ending Balance from previous report | 17,705.25 | |
| Line 2: Total receipts this period (page 3, line 11) | 0 | |
| Line 3: Subtotal (line 1 plus line 2) | | |
| Line 4: Total expenditures this period (page 5, line | 6.00 | |
| Line 5: Ending Balance (line 3 minus line 4) | 17,699.25 | |
| Line 6: Total in-kind contributions this period (page | ge 6) 0 | |
| Line 7: Total (all) outstanding liabilities (page 7) | 14,081.58 | |
| Line 8: Name of bank(s) used: Winter Hill Bank | | |
| Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind or finance activity of all persons acting under the authority or of behalf of this committee in a Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: theck 1 box Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the I activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting process. | ontributions and liabilities for this reporting period and represents the campaign ecordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 1/16/14 only) Dest of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, | |
| Candidate without Committee OR Candidate with independent activity filing sep I certify that I have examined this report including attached schedules and it is, to the b finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or of being it is this | arate report nest of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the committee in accordance with the requirements of M.G.L. c. 55. | |
| Signed under the penalties of perjury: | (Candidate's signature) Date: 1/10/14 | |

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

| Doto Dossins | Name and Residential Address | | Occupation & Employer | |
|---|--|----------|--------------------------------------|--|
| Date Received | (alphabetical listing required) | Amount | (for contributions of \$200 or more) | |
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| ine 9: Total Receipts over \$50 (or listed above) | | | | |
| 7. 10m (coolpts over 450 (cr. 115100 400ve) | | | | |
| ine 10: Total Receipts \$50 and under* (not listed above) | | | | |
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| me 11: 101AL Ri | ECEIPTS IN THE PERIOD | U | ← Enter on page 1, line 2 | |

SCHEDULE A: RECEIPTS (continued)

| Date Received | Name and Residential Address (alphabetical listing required) Amount | | Occupation & Employer | |
|--|--|--|--|--|
| Date Received | (alphabetical listing required) | Amount | (for contributions of \$200 or more) | |
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| ne 9: Total Receip | ts over \$50 (or listed above) | 0 | | |
| 10 5 | | | | |
| ne 10: Total Receip | ots \$50 and under* (not listed above) | 0 | | |
| ne 11: TOTAL RI | ECEIPTS IN THE PERIOD | 0 | Enter on page 1, line 2 | |
| | | | Id include only those receipts not itemized above. | |

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

| Date Paid | To Whom Paid (alphabetical listing) | Address Purpose of Expenditure | Amount |
|--|-------------------------------------|---|--------|
| Date Faid | Winter Hill Bank | 342 Broadway Bank Fees | Amount |
| 10/31/13 | winter nill bank | Somerville, MA 02145 | 2.0 |
| 11/30/13 | Winter Hill Bank | 342 Broadway Somerville, MA 02145 Bank Fees | 2.0 |
| 12/31/13 | Winter Hill Bank | 342 Broadway Somerville, MA 02145 Bank Fees | 2.0 |
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| | | Line 12: Total Expenditures over \$50 (or listed above) | 6.00 |
| Line 13: Total Expenditures \$50 and under* (not listed above) | | | C |
| | Enter on many 1 line 4 3 | Line 14: TOTAL EXPENDITURES IN THE PERIOD | 6.00 |

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

| | To Whom Paid | | | | |
|--|--|--|--|---|--|
| Date Paid | (alphabetical listing) | Address | Purpose of Expenditure | Amount | |
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| | | | *Man phi- | | |
| | | Line 12: Expenditures over | \$50 (or listed above) | *************************************** | |
| | | Line 13: Expenditures \$50 and under* (not listed above) | | | |
| | | | | | |
| | Enter on page 1, line 4 → | Line 14: TOTAL EXPEND | DITURES IN THE PERIOD | | |

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

| Date Received | From Whom Received* | Residential Address | Description of Contribution | Value |
|--|---------------------|----------------------------------|---------------------------------|--|
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| The state of the s | | | | |
| | | Line 15: In-Kind Contributions | over \$50 (or listed above) | 0 |
| | · | Line 16: In-Kind Contributions S | \$50 & under (not listed above) | 0 |
| Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS | | | | 0 |

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

| Date Incurred | To Whom Due | Address | Purpose | Amount |
|---------------|---------------------------|---|------------------------|-----------|
| 1/22/13 | Tony Lafuente | 137 Sycamore Street Somerville, MA 02145 | FROM PREVIOUS REPORTS | 14,081.58 |
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| | Enter on page 1, line 7 → | Line 18: TOTAL OUTSTAND | DING LIABILITIES (ALL) | 14,081.58 |